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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90037 029 ***150.00

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HR COM	MERCIAL GROUP, INC.								
Principal Place	of Business	Mailing Address							
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SUITE 712	· ·	SUITE 712				DO NO	OT WRITE II	I THIS SPACE	
MELBOURNE FL 32901 MELBOURNE FL 32901		MELBOURNE FL 32901			}	3. Date Incorporated or C		8 to 1 + 2 34 H	
						09/29/1989			Applied For
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		1 11	Applied For Not Applicable
21		26	<u> </u>			59-2972228			5 Additional
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.				5. Certificate of Status De	sired [(1 7)	Required
22		27						- 11- 11 11 11 11	00 May Be
City & State	:	City & State				6. Election Campaign Fin	- 1	1 1 7 344	ed to Fees
23		28	Countr			Trust Fund Contributio 8. This corporation owes			
Zip	Country	Zip		y	ļ	8. This corporation owes Personal Property Tax		Yes	D No
24	25	20	30			10. Name and Address of		stered Agent)
	9. Name and Address of Current	t Registered Agent	8	1 N	lame	10. Hamo and Hamilton			
HINC	KLEY, CAROLE L.							1 4 41	
	ROSEWOOD DRIVE		8	2 5	Street Addres	ss (P.O. Box Number is Not	Acceptable)		
	BOURNE BEACH FL 32951		8	3		12.11			Figure
171661	300,111E BE1011 / E 0200 !		ا ا	_			1	p_A	
			8	4 C	City		,,,,	FI 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-na	amed corpor	ration submits this statemen	t for the pur	pose of changing	g its registered
agent. I ar	to the provisions of Sections 607.050: agistered agent, or both, in the State of familiar with, and accept the obligations.	lions of, Section 667.0565, From	iga otatot			when reinstating)		DATE (E) B	
agent. I ar	m familiar with, and accept the obligation of segments agent the segment of segments agent the segments agent th	nt and title if applicable. (NOTE:	iga otatot					DATE BERS AND DIRE	TORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: